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Bib Data Sheet

CONFIRMATION NO. 3785

<b>SERIAL NUMBER</b> 09/374,460	<b>FILING OR 371(c) DATE</b> 08/13/1999 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2663	<b>ATTORNEY DOCKET NO.</b> 10360/031001
<b>APPLICANTS</b> HAMAYUN MUJEEB, BILLERICA, MA; MONALISA AGRAWAL, NORWOOD, MA; AYIKUDY SRIKANTH, READING, MA; MONI MATTHEW, SHARON, MA; BILL RUBINO, CHELMSFORD, MA;				
<b>** CONTINUING DATA *****</b> 5				
<b>** FOREIGN APPLICATIONS *****</b> 1				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/01/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Signature</i> Acknowledged <i>Signature</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 94
<b>INDEPENDENT CLAIMS</b> 9				
<b>ADDRESS</b> 33000				
<b>TITLE</b> SWITCHING DEVICE INTERFACES				
<b>FILING FEE RECEIVED</b> 3194	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/374,460	FILING DATE 08/13/99	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. 10360/031001
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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\* None  
VERIFIED

ND

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\* None  
VERIFIED

ND

\*\*FOREIGN APPLICATIONS\*\*\*\*\* None  
VERIFIED

ND

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/01/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Initials _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 94	INDEPENDENT CLAIMS 9
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TITLE SWITCHING DEVICE INTERFACES

FILING FEE RECEIVED

\$2,690

FEES: Authority has been given in Paper  
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NO. \_\_\_\_\_ for the following:

- ☐ All Fees  
☐ 1.16 Fees (Filing)  
☐ 1.17 Fees (Processing Ext. of time)  
☐ 1.18 Fees (Issue)  
☐ Other \_\_\_\_\_  
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